

# Connecticut General Assembly



## **Reestablishment of the Department on Aging Task Force Report**

February 14, 2006

Co-Chairmen:  
Senator Edith Prague  
Representative Art Feltman

# **Reestablishment of the Department on Aging Task Force Report**

PA 05-280 (§§ 53-54) establishes a Department on Aging as of January 1, 2007. It transfers to this new department the functions, powers, duties, and personnel of the Department of Social Services' (DSS) former Division of Elderly Services. (This DSS division was merged into a larger Bureau of Aging, Community, and Social Work Services last year, and most of its functions are now located in that bureau's Aging Services Division.)

The act establishes a 20-member task force to study reestablishment of the Aging Department and make recommendations on further revising the statutes and other changes needed or advisable to implement the act. The task force (1) must report its findings by February 15, 2006 to the Aging Committee and (2) terminates on the earlier of the date it submits the report or January 1, 2007 (see text of PA 05-280 in Appendix 1). Appendix 2 lists the task force members.

The task force examined the functions of the prior Department on Aging, where they are located now, and where other elderly-related functions are now located. It researched how other states organize their services for the elderly and requirements of the federal Older Americans Act. It considered the federal and state funding streams for these functions and learned how the DSS currently organizes and administers its various services to the elderly.

The task force held four meetings: November 3 and December 7, 2005 and January 31 and February 7, 2006. The November 3rd meeting included a public hearing, and other opportunities for public input were afforded at some of the subsequent meetings.

In response to the task force's request, at the January 31 meeting the Office of Policy and Management (OPM) provided an analysis and cost estimates of three potential approaches for reorganizing elderly services (attached as Appendix 3).

At the final meeting on February 7, the task force heard a DSS presentation on the Connecticut Home Care Program for Elders. It then discussed the options based on the OPM analysis and voted unanimously in a voice vote to approve the following resolution, put forth by Senator Harris.

The Task Force finds that:

1. There is a current need to improve service delivery to our elderly population, which includes:
  - a. more user friendly access to services,
  - b. increased coordination among state agencies, the area agencies on aging and local agencies, including our senior centers, and

- c. better planning.
- 2. Within the next two decades there will be a dramatic increase in the elderly population in the State of Connecticut.
- 3. This increase will exacerbate current needs and create new challenges some of which may be presently unforeseen.
- 4. There does not currently exist a complete picture of the services that will be needed and the most effective way to deliver such services to meet the new challenges.
- 5. In order to effectively evaluate the needs of our current and future aging population, it is necessary to conduct a long-term care needs assessment to:
  - a. fully identify the existing array of services,
  - b. project the qualitative and quantitative changes to these services that may be required to meet the new challenges, and
  - c. recommend new services and methods of delivery.

Accordingly, the Task Force recommends that:

- 1. The General Assembly completely analyze the service needs of our elderly population, including, but not limited to, healthcare, housing, transportation, nutrition, employment, prevention and recreation, by conducting a long term care needs assessment;
- 2. Monies set aside in the budget for the Department on Aging in FY 2007 shall not lapse;
- 3. The results of this assessment be reported to the Human Services Committee, the Select Committee On Aging, and the Governor on or before January 15, 2007;
- 4. The assessment be used in the 2007 session to formulate legislation and make budgetary decisions necessary to meet the needs of our current and future elderly population;
- 5. The assessment be used by the General Assembly to determine the structure of the separate, stand-alone Department on Aging created pursuant to P.A. 05-280; and
- 6. In order to enable the assessment to be completed and reviewed and for legislation to be passed, the implementation of the Department on Aging be moved from January 1, 2007 to July 1, 2007.

Appendices attached:

Appendix 1: Text of PA 05-280 in

Appendix 2: Task force members

Appendix 3: OPM analysis of three options

## APPENDIX 1

### Text of PA 05-280 §§53-54

Sec. 53. (NEW) (*Effective January 1, 2007*) (a) There is established a Department on Aging which shall be under the direction and supervision of the Commissioner on Aging who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, of the general statutes with the powers and duties prescribed in said sections. The commissioner shall be knowledgeable and experienced with respect to the conditions and needs of elderly persons and shall serve on a full-time basis.

(b) The Commissioner on Aging shall administer all laws under the jurisdiction of the Department on Aging and shall employ the most efficient and practical means for the provision of care and protection of elderly persons. The commissioner shall have the power and duty to do the following: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54 of the general statutes, as necessary to implement the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department; (5) contract for facilities, services and programs to implement the purposes of the department; (6) act as advocate for necessary additional comprehensive and coordinated programs for elderly persons; (7) assist and advise all appropriate state, federal, local and area planning agencies for elderly persons in the performance of their functions and duties pursuant to federal law and regulation; (8) plan services and programs for elderly persons; (9) coordinate outreach activities by public and private agencies serving elderly persons; and (10) consult and cooperate with area and private planning agencies.

(c) The functions, powers, duties and personnel of the Division of Elderly Services of the Department of Social Services, or any subsequent division or portion of a division with similar functions, powers, personnel and duties, shall be transferred to the Department on Aging pursuant to the provisions of sections 4-38d, 4-38e and 4-39 of the general statutes.

(d) Any order or regulation of the Department of Social Services or the Commission on Aging that is in force on January 1, 2007, shall continue in force and effect as an order or regulation until amended, repealed or superseded pursuant to law.

Sec. 54. (*Effective July 1, 2005*) (a) There is established a task force to study the reestablishment of the Department on Aging pursuant to this act. The task force shall study the provisions of this act and shall make

recommendations on revisions to the general statutes and other changes necessary or advisable to implement the provisions of this act.

(b) The task force shall consist of the following members:

(1) One appointed by the speaker of the House of Representatives;

(2) One appointed by the president pro tempore of the Senate;

(3) One appointed by the majority leader of the House of Representatives;

(4) One appointed by the majority leader of the Senate;

(5) One appointed by the minority leader of the House of Representatives;

(6) One appointed by the minority leader of the Senate;

(7) The chairpersons, vice chairpersons and ranking members of the select committee of the General Assembly having cognizance of matters relating to aging;

(8) Two appointed by the Governor;

(9) The Secretary of the Office of Policy and Management, or the secretary's designee; and

(10) The Commissioners of Social Services, Public Health, Mental Health and Addiction Services and Transportation and the Chief State's Attorney, or their designees.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made no later than thirty days after the effective date of this section. If an appointment is not made by the expiration of said thirty-day period, the chairpersons, vice-chairpersons and ranking members of the select committee of the General Assembly having cognizance of matters relating to aging may make the appointment. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall jointly with the Governor select the chairpersons of the task force, from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held no later than sixty days after the effective date of this section.

(f) The administrative staff of the select committee of the General Assembly having cognizance of matters relating to aging shall serve as administrative staff of the task force.

(g) Not later than February 15, 2006, the task force shall submit a report on its findings and recommendations to the select committee of the General Assembly having cognizance of matters relating to aging, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2007, whichever is earlier.

## APPENDIX 2

### Task Force Members

Representative Art Feltman (Co-chairman)  
LOB - Room 3004  
Hartford, CT 06106 -1591

Senator Edith Prague (Co-chairman)  
LOB - Room 3800  
Hartford, CT 06106 - 1591

Representative Alfred Adinolfi  
LOB - Room 4083  
Hartford, CT 06106 -1591

Senator Jonathan Harris  
LOB - Room 2100  
Hartford, CT 06106-1591

Representative George Wilber  
LOB - Room 4024  
Hartford, CT 06106-1591

Senator Mary Ann Handley  
LOB - Room 2000  
Hartford, CT 06106-1591

Secretary Robert Genuario  
Office of Policy and Management  
450 Capitol Avenue  
Hartford, CT 06106

Senator John Kissel  
LOB - Room 2500  
Hartford, CT 06106 -1591

Commissioner Patricia Wilson-Coker  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

Commissioner Robert Galvin  
Department of Public Health  
410 Capitol Avenue  
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Commissioner Thomas Kirk  
Dept. of Mental Health & Addiction Services  
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Commissioner Stephen Korta  
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Chief State's Attorney Christopher Morano  
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Julia Evans Starr  
Executive Director  
Commission on Aging  
210 Capitol Avenue - #508  
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Ms. Kate McEvoy  
Assistant Director  
CT Assoc. of Area Agencies on Aging  
138 Park Avenue  
Hamden, CT 06517

Ms. Rose Fowler  
Director  
McSweeney Senior Center  
110 Wall Street  
Coventry, CT 06238

Ms. Dorothy Goldfarb  
79 Belknap Road  
West Hartford, CT 06117

Mr. Douglas Mackey  
55 Woodbury Hill  
Woodbury, CT 06798

Ms. Sandra Muller  
45 Coles Road  
Cromwell, CT 06416

Ms. Diane Stone  
Director  
Newington Senior Center  
120 Cedar Street  
Newington, CT 06111

Staff:  
Gloria McKenna, Clerk,  
Select Committee on Aging



## **APPENDIX 3**

### **Task Force to Study the Reestablishment of the Department on Aging OPM Report on Identified Options**

**January 31, 2006**

#### Option A – Create Separate Access Agency

(Since the last Task Force meeting, research has revealed that federal law would prohibit a separate agency with responsibility for planning and coordination without assuming the responsibilities of the full State Unit on Aging. As a result Option A has been modified to comply with federal law and a new Option B has been added.)

Staff: 4 new positions

Estimated Annual Cost: \$415,900

Responsibilities: Enhance access to elderly services including:

1. Establishing and staffing a toll free number to ensure access to a live person to answer questions;
2. Operating a comprehensive and up-to-date aging website with links to available services and other resources;
3. Designing and coordinating education and training, as well as providing technical assistance, for Senior Centers and Municipal agents; and
4. Producing updated manuals, brochures and other material on issues related to the state's aging population and the services available.

#### Option B – Create Bureau on Aging within DSS

Staff: 9 new positions plus reallocation of up to 59 existing staff within DSS

Estimated Annual Cost: \$865,800 including fringes

State and Federal Grants: \$172 million (including Connecticut Home Care Program)

Responsibilities: Enhance access to elderly services, planning, coordination, and administering existing programs from the Aging Services Division and the Ombudsman program including:

1. Items #1-#4 from Option A above;
2. Establishing a planning unit to collect and analyze data to assist in predicting and meeting the needs of the aging population in Connecticut;
3. Transfer of programs from Aging Services Division and Ombudsman program;

4. Potential transfer of Connecticut Home Care program.

Option C – Move Entire State Unit on Aging to New Agency

Staff: 9 new positions plus transfer of 27 existing staff

Estimated Annual Cost: \$975,500 including fringes

State and Federal Grants: \$24 million

Responsibilities: Enhance access to elderly services, planning, coordination, and administering existing programs from the Aging Services Division including:

1. Items #1-#4 from Option A above;
2. Establishing a planning unit to collect and analyze data to assist in predicting and meeting the needs of the aging population in Connecticut;
3. Transfer of programs from Aging Services Division and Ombudsman program.

**Re-Establishing a Department on Aging**

Option A: Create Separate Access Agency

Based on discussions at the last Department on Aging Task Force meeting, we had intended to lay out Option A as a Planning Agency with six to eight staff responsible for planning, enhancing access to services and ensuring coordination between federal, state and local agencies and community providers. Federal rules (42 USC 3025), however, require that the designated state agency for the distribution of Older Americans Act funds “be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of this chapter [Programs for Older Americans]”. Thus, in order to comply with federal rules, the Department on Aging that was originally envisioned under this option would need to be limited to addressing access issues.

Given this limitation, staffing is recommended as follows:

| Position                        | Number | Bargaining Unit | Annual Cost      |
|---------------------------------|--------|-----------------|------------------|
| Executive Director              | 1      | EX-03           | \$88,767         |
| Executive Secretary             | 1      | VR-99           | 51,000           |
| Field Representative            | 1      | SH-23           | 53,682           |
| Communications Officer          | 1      | MP-56           | 50,948           |
| Total                           | 4      |                 | \$244,397        |
| <i>Annual Cost With Fringes</i> |        |                 | <i>\$305,893</i> |

As a result of the small agency business consolidation, the fiscal, personnel and other administrative functions would be handled under the Department of Administrative Services.

To cover the costs of additional brochures, the operation of a toll free number, etc. additional costs of \$100,000 are estimated. Other administrative costs (office equipment, desks, computers, etc.) are estimated at \$30,000 in the first year.

To address access issues, the new agency would be responsible for: (1) establishing and staffing a toll free number to ensure access to a real person to answer questions; (2) operating a complete and up-to-date aging website with links to available services and other resources; (3) designing and coordinating education and training, as well as providing technical assistance, for Senior Centers and Municipal Agents; and (4) producing updated manuals, brochures and other materials on issues related to the state's aging population and the services available.

#### Option B: Create Bureau on Aging within DSS

As an alternative, we are proposing a separate Bureau on Aging, which will assume responsibility for all access, coordination and planning functions related to elderly services in Connecticut. Currently DSS' Aging Services Division is under the Bureau of Aging, Community and Social Work Services. Under this option, the responsibilities for elderly services would be moved to the new Bureau on Aging and the Bureau of Aging, Community and Social Work Services would be re-named the Bureau of Community and Social Work Services to reflect the responsibilities remaining under that bureau.

Establishing a Bureau on Aging within DSS will allow the state to continue to take advantage of the relationships that exist within DSS and avoid unnecessary duplication of effort, while increasing the visibility of services for the state's elders and strengthening their voice in government. The Bureau on Aging would be headed by a Program Division Director, who would report directly to the Commissioner of DSS. In addition to moving both the Aging Services Division currently under the Bureau of Aging, Community and Social Work Services and the Ombudsman program to the new bureau, nine staff would be added to enhance the planning functions and ensure appropriate access and coordination.

To address access, coordination and planning issues, the Bureau on Aging would be responsible for: (1) establishing and staffing a toll free number to ensure access to a real person to answer questions; (2) operating a complete and up-to-date Bureau on Aging website with links to available services and other resources; (3) designing and coordinating education and training, as well as providing technical assistance, for Senior Centers and Municipal Agents; (4) producing updated manuals, brochures and other materials on issues related to the state's aging population and the services available; and (5) establishing a planning unit to collect and analyze data to assist in predicting and meeting the needs of the burgeoning aging population in Connecticut. By providing nine additional staff (a division director, a program manager, four planning staff, a field

representative, a communications specialist and an administrative assistant), the elderly services network can be strengthened and Connecticut can be proactive in preparing for the future. Staff will be available for additional grant writing, technical assistance and training.

To avoid duplication of effort and due to the fact that DSS' pharmacy unit is responsible for overseeing all of the department's pharmacy programs, including Medicaid and ConnPACE (and given the interconnectedness of these two programs, particularly due to the implementation of Medicare Part D), it is not recommended that responsibilities for the ConnPACE program be moved to the new Bureau on Aging (see additional comments below). The Connecticut Home Care Program for Elders, however, could be moved to the new bureau as it will continue to be housed in DSS, thereby eliminating the systems and federal compliance issues that would arise if we were to move the program to a separate agency (see comments below). Under this model, eligibility determinations would continue to be performed by DSS staff. The systems resources for the Eligibility Management System (EMS) and the Medicaid Management Information System (MMIS) would continue to be managed by staff and contractors at DSS. While moving this program to the new Bureau on Aging could streamline services to this population, consideration should be made to retaining this unit under the purview of the Medical Care Administration unit given the strong medical orientation of this function. Also, as noted below, any attempt to parse out these functions would result in difficulties for program administration, enormous duplication of costs, and confusion for the client population.

Shown below are the state-funded grants and other funding that could be moved to the new Bureau on Aging. Funding for the Connecticut Home Care Program for Elders is also listed below in the event that it is determined that this function should move to the new Bureau on Aging.

| State-Funded Grants  | FY 07<br>Appropriation |
|--|------------------------|
| <i>Connecticut Home Care Waiver Services (under Medicaid) *</i>  | \$98,700,000           |
| <i>Connecticut Home Care Program (State-Funded)</i>  | 50,180,000             |
| Services to the Elderly  | 4,533,436              |
| Alzheimer Respite Care   | 1,269,008              |
| Total – State Funds  | \$154,682,444          |
| <i>* Waiver services only, excludes Home Health Services, which is a mandatory service under Medicaid.</i> |                        |
| Federal and Other Funds  | FY 07<br>Estimate      |
| Older Americans Act  |                        |
| Title III Part B - Supportive Services   | \$4,545,568            |
| Title III Part C - Nutrition Services  | 7,382,805              |
| Title III Part D - Preventive Health   | 267,998                |
| Title III Part E - National Family Caregiver Support   | 2,025,876              |

|   |               |
|---|---------------|
| Title V - Senior Community Service Employment   | 953,812       |
| Title VII Chapter 2 - Ombudsman Programs        | 174,409       |
| Title VII Chapter 3 - Prevention of Elder Abuse | 63,137        |
| Nutrition Services Incentive Program            | 1,470,067     |
| CHOICES - State Health Insurance Program        | 370,649       |
| Congregate Housing Services Program             | 300,828       |
| Social Services Block Grant                     |               |
| Case Management Services                        | 50,005        |
| Home-Based Services                             | 25,205        |
| Information and Referral Services               | 53,861        |
| Protective Services for Adults                  | 17,934        |
| Senior Medicare Waste Patrol - Medi\$ave        | 40,000        |
| Connecticut Partnership for Long Term Care      | 11,000        |
| Total – Federal and Other Funds                 | \$17,753,154  |
|   |               |
| Total – All Funds                               | \$172,435,598 |

It is anticipated that the positions shown below would move from DSS' Aging Services Division (under the Bureau of Aging, Community and Social Work Services) to the new Bureau on Aging, as well as the Ombudsman program. Staffing for the Alternate Care Unit is also listed below in the event that it is determined that this function should move to the new Bureau on Aging.

| Position  | Number    |
|---|-----------|
| <i>Aging Services Division Staff:</i>                 |           |
| Social Services Program Administration Manager        | 1         |
| Grants and Contracts Manager                          | 1         |
| Legal Services Developer                              | 1         |
| Social Services Program Assistance Supervisor         | 1         |
| Nutrition Consultant 2                                | 1         |
| Volunteer Programs Manager                            | 1         |
| Associate Research Analyst                            | 1         |
| Field Representative                                  | 6         |
| Administrative Assistant                              | 1         |
|   | 14        |
| <i>Ombudsman Staff:</i>                               |           |
| State Long Term Care Ombudsman                        | 1         |
| Regional Long Term Care Ombudsman                     | 8         |
| Administrative Assistant                              | 1         |
| Secretary 2   | 3         |
|   | 13        |
| <i>Home Care Staff:</i>                               |           |
| <i>Social Services Medical Administration Manager</i> | <i>1</i>  |
| <i>Associate Research Analyst</i>                     | <i>1</i>  |
| <i>Public Assistance Consultant</i>                   | <i>1</i>  |
| <i>Health Program Supervisor</i>                      | <i>1</i>  |
| <i>Health Program Associate</i>                       | <i>4</i>  |
| <i>Health Program Assistant 2</i>                     | <i>2</i>  |
| <i>Nurse Consultant</i>                               | <i>2</i>  |
| <i>Utilization Review Nurse</i>                       | <i>12</i> |
| <i>Social Services Liaison Officer</i>                | <i>3</i>  |
| <i>Processing Technician</i>                          | <i>1</i>  |
| <i>Administrative Assistant</i>                       | <i>1</i>  |
| <i>Office Assistant</i>                               | <i>3</i>  |
|   | 32        |
| Total   | 59        |

In addition to the reallocation of existing staff within DSS, it is recommended that the following new staff be provided under this option:

| Position                                  | Number | Bargaining Unit | Annual Cost      |
|---|--------|-----------------|------------------|
| Social Services Program Division Director | 1      | MP-70           | \$105,662        |
| Executive Secretary                       | 1      | VR-99           | 56,874           |
| Social Services Program Manager           | 1      | MP-64           | 73,154           |
| Planning Specialist                       | 1      | AR-30           | 73,592           |
| Lead Planning Analyst                     | 2      | AR-27           | 133,415          |
| Grants and Contracts Manager              | 1      | AR-26           | 63,560           |
| Field Representative                      | 1      | SH-23           | 53,682           |
| Communications Specialist                 | 1      | MP-60           | 61,932           |
| Total                                     | 9      |                 | \$621,871        |
| <i>Annual Cost With Fringes</i>           |        |                 | <i>\$765,743</i> |

To cover the costs of additional brochures, the operation of a toll free number, etc. additional costs of \$100,000 are estimated. Other administrative costs for the new staff (office equipment, desks, computers, etc.) are estimated at \$36,000 in the first year.

#### Option C: Move Entire State Unit on Aging to New Agency

Because of the federal requirement that the designated state agency for the distribution of Older Americans Act funds “be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities,” this option would move the functions related to the State Unit on Aging to the new agency. The Department on Aging would be responsible for: (1) establishing and staffing a toll free number to ensure access to a real person to answer questions; (2) operating a complete and up-to-date Department on Aging website with links to available services and other resources; (3) designing and coordinating education and training, as well as providing technical assistance, for Senior Centers and Municipal Agents; (4) producing updated manuals, brochures and other materials on issues related to the state’s aging population and the services available; and (5) establishing a planning unit to collect and analyze data to assist in predicting and meeting the needs of the burgeoning aging population in Connecticut.

The following state-funded grants and other funding could be moved to the new department:

|  |                        |
|--|------------------------|
| State-Funded Grants                                  | FY 07<br>Appropriation |
| Services to the Elderly                              | \$4,533,436            |
| Alzheimer Respite Care                               | 1,269,008              |
| Total – State Funds                                  | \$5,802,444            |
|  |                        |
| Federal and Other Funds                              | FY 07<br>Estimate      |
| Older Americans Act                                  |                        |
| Title III Part B - Supportive Services               | \$4,545,568            |
| Title III Part C - Nutrition Services                | 7,382,805              |
| Title III Part D - Preventive Health                 | 267,998                |
| Title III Part E - National Family Caregiver Support | 2,025,876              |
| Title V - Senior Community Service Employment        | 953,812                |
| Title VII Chapter 2 - Ombudsman Programs             | 174,409                |
| Title VII Chapter 3 - Prevention of Elder Abuse      | 63,137                 |
| Nutrition Services Incentive Program                 | 1,470,067              |
| CHOICES - State Health Insurance Program             | 370,649                |
| Congregate Housing Services Program                  | 300,828                |
| Social Services Block Grant                          |                        |
| Case Management Services                             | 50,005                 |
| Home-Based Services                                  | 25,205                 |
| Information and Referral Services                    | 53,861                 |
| Protective Services for Adults                       | 17,934                 |
| Senior Medicare Waste Patrol - Medi\$ave             | 40,000                 |
| Connecticut Partnership for Long Term Care           | 11,000                 |
| Total – Federal and Other Funds                      | \$17,753,154           |
|  |                        |
| Total – All Funds                                    | \$23,555,598           |

We have not included ConnPACE or the Connecticut Home Care Program, as it is not recommended that these programs be transferred to the new agency. We have addressed each of these programs below.

*ConnPACE.* While it is certainly true that ConnPACE was once located in the former Department on Aging and that the Department on Aging and the former Department of Income Maintenance both held contracts with EDS to manage the program, several things have changed since the merger of the agencies 12 years ago. Two items of particular note are the implementation of Medicare Part D and the re-procurement of the Medicaid Management Information System:

1. Medicare Part D is now an operational reality. Staff at DSS and EDS have been working hard to implement the legislation to coordinate ConnPACE enrollment and claims with Part D eligibility. There has been a tremendous amount of effort



put into client communication, including resource numbers and contact points for information. It would be highly disruptive – and costly – to introduce a new administrative entity into this equation. The consequences for clients and for public good will and understanding could be disastrous.

2. ConnPACE is part of the ongoing implementation of a new Medicaid Management Information System (MMIS) that will replace the current claims processing system in October 2007. The contracts between DSS and EDS have been negotiated and signed by the parties and approved by the Centers for Medicare and Medicaid services (CMS) for the Medicaid portion. The implementation of an integrated system, inclusive of Medicaid and ConnPACE, has been approved by the federal government, with development costs receiving 90% federal reimbursement. With all of the operational challenges inherent in any implementation of this magnitude, a change now could bring serious consequences for the success or failure of the implementation effort. Furthermore, to attempt to unbundle ConnPACE and create a free-standing claims processing and eligibility system would result in an unnecessary duplication of effort and would not be cost effective.

*Connecticut Home Care Program for Elders.* With regards to the Connecticut Home Care Program for Elders, this program is the largest of the home care waivers administered by DSS and most of it, except for the state-funded portion, is part of Medicaid.

1. Although DSS has operated waivers outside of the Medicaid division (DMR, for instance), it has always been better for federal compliance to have the waivers part and parcel of the Medicaid program. With waivers outside of the agency, there are issues that arise in terms of accountability. For example, although DSS has no programmatic accountability if the waiver is in a separate agency, it is nevertheless DSS that is held accountable by CMS. As far as the federal government is concerned, it is the Medicaid agency that is responsible for providing direct oversight and – regardless of the logistical issues that arise with such a charge – it is the state Medicaid agency that must ensure that the administrative protocols required by the federal government are adhered to regardless of what agency is actually administering the program.
2. On a purely systems level, the program is so interwoven in DSS' Eligibility Management System (EMS) and MMIS systems that untangling it while maintaining the ability to access Protected Health Information (PHI) under HIPAA would be an extremely time consuming process that would impact not only the department's systems division, but also would require the department to divert their limited resources in defending legal challenges.

3. In addition, it is not recommended that the state-funded portion of the program move to the new agency as the same staff and same systems are responsible for both the Medicaid funded and state-funded portions of the program. From an operational standpoint and in terms of client access to services, these two portions of the program are closely linked as it is not uncommon to have clients start out in the state-funded portion, but eventually spend down to the Medicaid funded program, a process which is currently seamless to the client.

Concerns remain that this option could result in the fragmentation of the existing system, as well as administrative inefficiencies. Depending on which programs move over to the new department, there are a number of issues that need to be addressed:

- How will confidential health information be exchanged between the two agencies?
- How will eligibility determinations be conducted consistent with overall Medicaid requirements?
- Where will accountability for fraud and payment accuracy within the Medicaid program be directed if not to the head of the single state agency? (New federal requirements place an even greater burden on the single state agency to be accountable for all payments to Medicaid providers, including Home and Community Based Waivers.)

Under this option, a preferred alternative would be to instead locate an information function for the two programs at the new Department on Aging. The new staff assigned to this function would act as client information and referral specialists and help clients with service issues prior to the issue reaching the Fair Hearing stage. As noted above, however, confidentiality issues and access to medical information may make it difficult for Department on Aging staff to have access to the client specific information that would be necessary for them to be of assistance.

It is anticipated that the following positions would move from DSS' Aging Services Division under the Bureau of Aging, Community and Social Work Services to the new agency, as well as the Ombudsman program:

| Position                                       | Number |
|--|--------|
| <i>Aging Services Division Staff:</i>          |        |
| Social Services Program Administration Manager | 1      |
| Grants and Contracts Manager                   | 1      |
| Legal Services Developer                       | 1      |
| Social Services Program Assistance Supervisor  | 1      |
| Nutrition Consultant 2                         | 1      |
| Volunteer Programs Manager                     | 1      |
| Associate Research Analyst                     | 1      |
| Field Representative                           | 6      |
| Administrative Assistant                       | 1      |
|  | 14     |
| <i>Ombudsman Staff:</i>                        |        |
| State Long Term Care Ombudsman                 | 1      |
| Regional Long Term Care Ombudsman              | 8      |
| Administrative Assistant                       | 1      |
| Secretary 2                                    | 3      |
|  | 13     |
|  |        |
| Total  | 27     |

Under this model, the following additional staff would be required:

| Position                        | Number | Bargaining Unit | Annual Cost      |
|---------------------------------|--------|-----------------|------------------|
| Commissioner                    | 1      | EX-03           | \$123,967        |
| Executive Secretary             | 1      | VR-99           | 56,874           |
| Social Services Program Manager | 1      | MP-64           | 73,154           |
| Planning Specialist             | 1      | AR-30           | 73,592           |
| Lead Planning Analyst           | 2      | AR-27           | 133,415          |
| Grants and Contracts Manager    | 1      | AR-26           | 63,560           |
| Field Representative            | 1      | SH-23           | 53,682           |
| Communications Specialist       | 1      | MP-60           | 61,932           |
| Total                           | 9      |                 | \$640,176        |
| <i>Annual Cost With Fringes</i> |        |                 | <i>\$785,449</i> |

As a result of the small agency business consolidation, the fiscal, personnel and other administrative functions would be handled under the Department of Administrative Services. We may, however, need to provide an additional position in DAS to assist with the additional duties. To cover the costs of additional brochures, the operation of a toll free number, etc. additional costs of \$100,000 are estimated. Other administrative costs (office equipment, desks, computers, etc.) are estimated at \$270,000 in the first year.

Note: Under any of these options, advocacy functions will continue to be provided under the Commission on Aging.